Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

PETER M SHEDDEN MD
9200 NEW TRAILS DR
THE WOODLANDS TX 77381

Carrier's Austin Representative Box

Box Number 05

MFDR Tracking Number

M4-12-0367-01

Respondent Name

TRAVELERS INDEMNITY CO OF CT

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our records indicate that the claim [referring to the medical bill submission to the respondent] was timely filed."

Amount in Dispute: $54,328.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The evidence submitted, therefore, shows the Provider in this dispute submitted the bill more than 95 days after the date of service…Additionally, the Provider failed to request Medical Dispute Resolution within one year of the date of service, 9/15/09. The request was not received by MDR until 10/4/11, over two years following the date of service; therefore, this request for MDR should be dismissed."

Response Submitted by: TRAVELERS, c/o David Klosterboer & Associates, 1501 S. Mopac Expressway, Suite A-320, Austin, Texas 78746

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 15, 2009	63075, 63076, 22554, 22585, 22846, 22851, 63075AS, 63076AS, 22554AS, 22585AS, 22849AS, 22851AS	$54,328.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.

2. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated January 15, 2010
   - TXH3 – 29 – THE TIME LIMIT FOR FILING HAS EXPIRED. PER TEXAS LABOR CODE 480.027, BILLS MUST BE SENT TO THE CARRIER ON A TIMELY BASIS, WITHIN 95 DAYS FROM DATES OF SERVICE.

Explanation of benefits dated April 1, 2010

- TXH3 – 29 – THE TIME LIMIT FOR FILING HAS EXPIRED. PER TEXAS LABOR CODE 480.027, BILLS MUST BE SENT TO THE CARRIER ON A TIMELY BASIS, WITHIN 95 DAYS FROM DATES OF SERVICE.
- T122 – 29 – THE TIME LIMIT FOR FILING HAS EXPIRED. BILLS MUST BE SENT TO THE CARRIER WITHIN 95 DAYS FROM DATE OF SERVICE.

Issue

1. Did the requestor waive their right to medical fee dispute resolution?

Findings

28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. ... A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." Review of the documentation finds that the request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on October 4, 2011, and that the date of service in dispute is September 15, 2009. No documentation was found to support that the dispute was timely filed to the MDR section, nor did the Division find that the disputed services involved issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section, consequently waiving its right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor waived its right to medical fee dispute resolution in this case. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

Signed,

Signature	Medical Fee Dispute Resolution Officer	October 28, 2011 Date

Signature	Medical Fee Dispute Resolution Manager	October 28, 2011 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.